

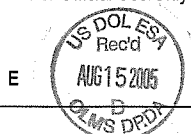
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8286</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>B. JOHN K. RUTH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>38 WAMBOLD LANE</u> City <u>PETALUMA</u> State <u>CA</u> ZIP Code + 4 <u>94952</u>	4. Name, file number, and address of labor organization. Name <u>INTERNATIONAL UNION of ELEVATOR Constructors</u> Labor Organization File Number <u>044-250</u> P.O. Box, Building and Room Number, if any _____ Street <u>690 POTrero AV.</u> City <u>SAN FRANCISCO</u> State <u>CA</u> ZIP Code + 4 <u>94110-2117</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature] SEE ATTACHMENT

On

8/9/05
Date

415-725-4149

Telephone Number

Name of Person Filing B. JOHN K. RUTH	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **National Elevator Industry Educational Program**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **11 ~~TH~~ LARSEN WAY**

City **ATTLEBORO FALLS**

State **MA** ZIP Code + 4 **02763-1068**

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

See attachment to LM-30

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

**Payment for services as a
SUBSTITUTE INSTRUCTOR
of the educational Plan.**

12.b. Amount. **\$640.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

Name of Person Filing B. JOHN K. RUTH	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Elevator Industry Work Preservation Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 7154 COLUMBIA GATEWAY DRIVE</p> <p>City COLUMBIA</p> <p>State MD ZIP Code + 4 21046</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">SEE ATTACHMENT TO LM-30</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT THE JANUARY 2004 ASME EARTHQUAKE COMMITTEE MEETING AND COST OF MEALS PROVIDED BY THE FUND.</p> <p>12.b. Amount. \$ 672.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing	B. JOHN K. RUTH.	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Elevator Industry Work Preservation Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 7154 COLUMBIA GATEWAY DRIVE

City COLUMBIA

State MD ZIP Code + 4 21046

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

SEE ATTACHMENT TO LM-30

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT THE MAY 2004 CODE CLASS meeting and cost of meals and lodging provided by the fund

12.b. Amount. \$ 336.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

LM-30 Attachment

Report period ending date: 12/31/04

B. John K. Ruth

LM-30 Item number

11a. Per direction provided by DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, Other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b.

15. I made a good faith effort to include all matters relevant to filing Form LM-30 for 2004. If I become aware of anything else that I understand should be included, I will supplement this report.